## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|---|
| 10585669                | HOSHIBA ET AL.                          |
| Examiner                | Art Unit                                |
| Jeffrey J Restifo       | 3618                                    |

| ORIGINAL       |          |            |                          |    |              |          | INTERNATIONAL CLASSIFICATION |   |                   |   |          |  |             |  |  |  |
|----------------|----------|------------|--------------------------|----|--------------|----------|------------------------------|---|-------------------|---|----------|--|-------------|--|--|--|
| CLASS SUBCLASS |          |            |                          |    |              | CLAIMED  |                              |   |                   |   |          |  | NON-CLAIMED |  |  |  |
| 180 65.29      |          |            | В                        | 6  | 0            | w        | 20 / 00 (2006.01.01)         |   |                   |   |          |  |             |  |  |  |
|                | CF       | ROSS REF   | ERENCE(                  | S) |              |          |                              |   |                   |   | $\vdash$ |  |             |  |  |  |
| CLASS SUBCLASS |          | BCLASS (ON | (ONE SUBCLASS PER BLOCK) |    |              | $\dashv$ | +                            | 1 | $\dagger \dagger$ |   | 1        |  |             |  |  |  |
| 180            | 65.285   |            |                          |    |              |          |                              |   |                   |   |          |  |             |  |  |  |
|                |          |            |                          |    |              |          |                              |   |                   |   | <u> </u> |  |             |  |  |  |
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|                |          |            |                          |    |              |          |                              |   |                   |   | <u> </u> |  |             |  |  |  |
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|                |          |            |                          |    |              |          |                              |   |                   |   |          |  |             |  |  |  |

| ☐ Claims renumbered in the same order as |          |       |          | er as prese | s presented by applicant |       |          | ☐ CPA ☐ T.D. |          |       |          | ☐ R.1.47 |          |       |          |  |
|--|----------|-------|----------|-------------|--------------------------|-------|----------|--------------|----------|-------|----------|----------|----------|-------|----------|--|
| Final                                    | Original | Final | Original | Final       | Original                 | Final | Original | Final        | Original | Final | Original | Final    | Original | Final | Original |  |
| 1  | 1        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 2  | 2        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 3  | 3        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 4  | 4        |       |          | <u> </u>    |                          |       |          |              |          |       |          |          |          |       |          |  |
|  | 5        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 5  | 6        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 6  | 7        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
|  | 8        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 7  | 9        |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 8  | 10       |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 8  | 11       |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 10                                       | 10       |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
| 11                                       | 13       |       |          |             |                          |       | 13-1     |              | h        | -     |          |          | 1        | de-m  | 11       |  |
|  |          |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
|  |          |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |
|  |          |       |          |             |                          |       |          |              |          |       |          |          |          |       |          |  |

| NONE  | Total Claims Allowed: |                     |                   |  |  |  |
|---|-----------------------|---------------------|-------------------|--|--|--|
| (Assistant Examiner)                                  | (Date)                | 1                   | 1                 |  |  |  |
| /Jeffrey J Restifo/<br>Primary Examiner.Art Unit 3618 | 12/22/08              | O.G. Print Claim(s) | O.G. Print Figure |  |  |  |
| (Primary Examiner)                                    | (Date)                | 1                   | 4                 |  |  |  |